

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37150

State File No. ....

4921

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. ....	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1818 East 9th Street</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>"DOT"</u> c. (Last) <u>MAJORS</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>NOVEMBER 21 1950</u>			
<b>5. SEX</b> <u>FEMALE</u>		<b>6. COLOR OR RACE</b> <u>NEGRO</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>OCTOBER 11 1887</u>	
<b>9. AGE</b> (In years last birthday) <u>63</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>		<b>13a. FATHER'S NAME</b> <u>GEORGE RILEY</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>KATE CUSTOM</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>LEE MAJORS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>LEE MAJORS 1818 East 9th Street</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CENTRAL NERVOUS SYSTEM SYPHILIS</u> <u>MASSIVE CEREBRO EDEMA</u>  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY CONGESTION &amp; EDEMA</u>			
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify)			
<b>21a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>11-14</u> , 19 <u>50</u> , to <u>11-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-21</u> , 19 <u>50</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> <u>E. Frank Elise MD</u> (Degree or title)				<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>		<b>23c. DATE SIGNED</b> <u>11-22-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Buried Nov 24/50</u>		<b>24b. DATE</b> <u>Nov 24/50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City MO</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-22-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>W.D. Moorhead K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. B. Moore*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2440*

P. O. Address *1820 E 18th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.